DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: VALLEY VIEW HOME (190063)

Address: 28425 COOP WOODS RD, RICHLAND CENTER, WI 53581

License Status: REGULAR

Licensed/Certified/Registered 07/01/1996

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

| Survey History | v | tor | ist | H | vev | Sur | |
|----------------|---|-----|-----|---|-----|-----|--|
|----------------|---|-----|-----|---|-----|-----|--|

Survey ID: 0094859 End Date: 05/13/2005 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094466 End Date: 03/18/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008195 Served 04/06/2005

| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 00, 2 000 | Compliance | | |
|--|---|------------------|-----------|--|
| Deficiencies Cited | Subject Area | <u>Veri fied</u> | Corrected | |
| 88.04(2)(a) | RESPONSIBILITIES | 05/09/2005 | Yes | |
| 88.04(2)(f) | CONDITION WHICH REPRESENTS RISK OR HARM | 05/09/2005 | Yes | |
| 88.07(1)(a) | RESIDENT CARE-GENERAL REQUIREMENTS | 05/09/2005 | Yes | |
| 88.10(3)(1) | SAFE PHYSICAL ENVIRONMENT | 05/09/2005 | Yes | |
| 88.10(3)(n)1 | FREEDOM FROM SECLUSION AND RESTRAINTS | 05/09/2005 | Yes | |

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Enforcement History

Date: 04/04/2005 SOD #10008195 Appealed: No

Sanctions

NO NEW ADMISSIONS

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Complaint History

Date Complaint Received: 03/16/2005 Date Investigation Completed: 03/28/2005

Subject Area(s) Result SOD #

ABUSE
RESIDENT BEHAVIOR/FACILITY PRACTICE
ADMINISTRATION
NOT SUBSTANTIATED
NOT SUBSTANTIATED

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